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SEXUAL IDENTITY RISK FACTORS IN CHILDHOOD SUICIDE ATTEMPTS

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of Requirements for the Degree
Master of Social Work

By
Linda Thomas and Lary Totten


June 1997

SEXUAL IDENTITY RISK FACTORS IN CHILDHOOD SUICIDE ATTEMPTS

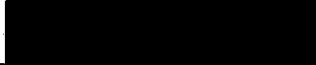
A Project
Presented to the
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California State University,
San Bernardino

By
Linda Thomas and Lary Totten
December 1996

Approved by:


Dr. Marjorie E. Hunt, Project Advisor
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6-6-97
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ABSTRACT

This study explored the effects of sexual identity on childhood suicide attempts of homosexual college students. Through the auspices of a counseling center of a medium size public university in California, a sample of 30 college students meeting the above criteria were surveyed using a questionnaire administered through "snowball" sampling. An instrument was constructed to measure the variables of drug abuse, child abuse, child sexual identity, peer relationships, and educational influences. The data was arrayed in tables and analyzed by comparing these factors to childhood suicide attempts. Pearsons Product Moment Coefficient test was run for linear correlation at the $\pm .24$ level. Findings indicated high positive correlations between childhood suicide attempts and gender, identified sexual orientation, and being a victim of child abuse. Negative correlations were observed between respondents who currently drink, and those who had supportive adults in their lives. Implications were discussed involving how religion and identified sexual orientation plays a role in supplying supportive adult influences, and how substance abuse contrasts with suicide as an alternative maladaptive coping mechanism to suicide attempts.

ACKNOWLEDGMENTS

This project is dedicated in loving memory to Kristen Powell, MSW; who passed away 5/21/97.

The authors would like to take this opportunity to thank those who made this project possible. First, we wish to thank Dr. Marjorie Hunt; without her encouragement, research skills, and willingness to go above and beyond for us - this project would not have been possible.

We also wish to profusely thank our life partners and spouses, Kristin Powell, and Victoria Jardine for their abilities to have sleep, nutrition, and overall quality-of-life disturbed; and yet still provided stunning and stellar support, and encouragement.

We also want to thank Dr. Craig Henderson and Dr. Martha Kaslo of the counseling center for their kind and generous help in planning the project, and assistance administering the survey instruments.

We also want to thank the late Professor Harry Specht, UC Berkeley, the Ford Foundation, the Zellerback family, CWDA, and all who made the California Social Work Education Consortium possible. Without CALSWEC funding, neither author would have been financially able to obtain an MSW; nor would they have been able to conduct this research project

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INTRODUCTION

To his that was Crucified - Walt Whitman

My spirit to yours dear brother,
Do not mind because many sounding your name do not
understand you,
I do not sound your name, but I understand you,
I specify you with joy oh my comrade to salute you, and to
salute those who are with you, before and since, and those
to come also,

That we all labor together transmitting the same change and
succession,
We few equals in different of lands, and different of times,
We, enclosers of all continents, all castes, allowers of all
theologies,

Compassionaters, perceivers, rapport of men,
We walk silent among disputes and assertions, but reject not
the disputes not anything that is asserted,
We hear the bawling and din, we are reach'd at by divisions,
jealousies, recriminations on every side,

They close peremptorily upon us to surround us, my comrade
yet we walk upheld, free, the whole earth over, journeying
up and down till we make out ineffaceable mark upon time and
the diverse eras,

Till we salute time and eras, that the men and women of
races, ages to come, many prove brethren and lovers as we
are.

LITERATURE REVIEW

Problem Statement

One of the functions of social work in helping groups and individuals in crisis, is through providing expertise in issues involving suicide (Johnson, 1995). In this capacity, social workers strive to understand systemic psycho-social influences underlying behavior (Hollis, 1970). Through this perspective, behavior is not seen as being solely attributable to the individual, but rather that social factors also have significant influence (Bronfenbrenner, 1979).

There are some consistent patterns that have been observed in homosexual suicides, and suicide attempts. Gay and lesbian are at an increased risk for attempting suicide, particularly among those subgroups experiencing high stress. Typically, adolescent females are at far greater risk with 10.3% attempting suicide, compared to adolescent males, where data shows 6.2% attempting suicide (Rotheram, B., Mary, J; Hunter, J.; Rosario, M.; 1994).

In order to understand an individual's behavior, or that of a cohort group, many social work theorists such as Balgopal (1983), Abrams (1983), Germain (1991), use ecological metaphors reflecting the individual's

relationship to their environment. In the ecological perspective, suicide risk can be studied not only as a mental illness simply affecting an individual, but moreover as an individual's response to environmental variables (Szasz, 1974).

In addition to looking at structural or spatial relationships of the individual or cohort group and their environment, functional and developmental aspects also need to be addressed. The latter components are required to describe the relationship with the environmental variables influencing behavior (Germain, 1970). Functional and developmental aspects are also typically viewed in the ecological perspective, using general systems theory. General systems theory holds, "inputs from the environment influence, shape, or alter the system" (Germain, 1991).

From a developmental perspective, McCary (1984) considered the development of sexuality to be broken down into four periods of life. First, the child progresses from infancy to early childhood from his or her birth to five years of age. The latency period lasts from six to twelve, then adolescence from 13 to 19, and ultimately adulthood. Each of these periods is divided into smaller subdivisions. The authors counter the long-standing view that sexuality appears magically at puberty and then comes to an abrupt

halt in the middle and later years of life, holding that neither is true.

Sexuality is now thought to unfold across the life span, connecting youth to old age in a more direct line than was once perceived. Human beings cope with their sexuality in different ways, at different stages of the life cycle (McCary, S.P.; McCary, J.L.; 1984).

Lukes and Land (1994), consider the issue of homosexuality in terms of different ethnic and cultural groups within American society. They found there is a need in the literature for a discussion of bicultural theories as they pertain to the development of self concept and group identification of sexual minority group members. The authors consider the extent to which earlier theorists studied cultural and ethnic identity.

They offer a conceptual framework for assessing the experience of homosexual clientele. They also discuss the multi-faceted nature of the practitioner's role, giving particular attention to gender sensitive practice methods that may assist sexual minorities in developing optimum functioning.

Against this backdrop, we now approach the question of sexual identity and other environmental variables influencing childhood suicide attempts. Generally accepted

ecological concepts, coupled with an acknowledged developmental schema addressing childhood sexual development, and a system for viewing homosexuality in cultural terms, provides a framework to systematically approach the research question pertaining to significant sexual identity factors affecting childhood suicide attempts.

Purpose

The purpose of this study was to report on data pertinent to the suicide risk factors of childhood sexual identity. The knowledge is hoped to assist in all social work practice arenas, through making more information available relative to the challenges homosexual youth face. (D'Augelli, A.; Hershberger, 1993).

The need for the study is best expressed by Muehrer (1995). "In general, national and statewide data on gay and lesbian suicides do not exist. Small scale research is characterized by numerous methodological limitations including: Lack of consensus on definitions of key terms, use of measures of uncertain validity and reliability, uses of non-representative samples, and lack of appropriate non-gay or clinical control groups," (Muehrer, 1995).

This image shows a single sheet of bright yellow paper with horizontal blue or green ruling lines. The paper is oriented vertically and appears to be a standard index card or a small piece of stationery. There are approximately 20 lines visible across the page. The edges of the paper are slightly irregular, and there's a faint shadow on the right side, suggesting it might be part of a bound volume or resting on a surface. No text or other markings are present on the paper.

[illegible][illegible]

using common social welfare definitions of community, this is how the cohort is typically studied, as opposed to clinical methodology addressing direct practice issues with individuals and small groups.

Explicit problems and needs in this community involve the typical living condition problems all oppressed minorities face. In addition, this community faces unique problems that are often neglected, overlooked, and minimized, or rejected by a dominant heterosexual culture. This environment exacerbates hostilities with a well-supported antagonism and aggression toward sexual minorities (Green, 1987). Among these problems is the constant need to maintain a secret identity (Shaffer, Fisher, Parides, and Gould, 1995).

To briefly summarize the research question: What correlational factors can provide the most beneficial insight for interventions, to social work practitioners working to any extent with gay youth, and the gay youth community?

RESEARCH DESIGN AND METHODS SECTION

Design

The research design used here is positivist exploratory. Using instrument data relationships between

childhood issues related to homosexuality and suicide attempts were explored. As was stated in the literature review, there is not a unanimous consensus that homosexual youth are at a higher risk for suicide. The research however suggests despite the lack of more compelling empirical studies, a strong positive correlation does exist between childhood homosexual issues, and suicide attempts. (Rothman, B, Mary J., Hunter J., Rosario, M., 1994)

Positivism was selected due to its methodology favoring quantitative methods, and these methods holding the most viable methods of conveying positive corelationships. By incorporating credible closed ended pretested questions, the instruments were able to address the primary areas most social researchers feel have the greatest bearing on childhood suicide attempts.

This point is better made by Baker (1988), where she states, "While we will talk about ways to gather data, facts themselves are not the ultimate goal of social research. It is the interpretation of these facts, the recognition of their complex meanings and relationships, and the understanding of the way facts are created in social life that produce social research."

The instrument used in this study was designed to address areas commonly cited in the literature as components

having the greatest influence on suicide attempt/decisions in this cohort. The variables studied were religion, family support, family structure, parent's educational backgrounds, peer support, sexuality, multi-cultural variables, gender, age, abuse, substance abuse, suicides of other family members, dropping out of school, and drug abuse.

Reification of concepts was sought to be avoided by narrowly defining definitions both in the survey instruments and in posting the full instrument questions in a separate table.

Although instruments are typically cited in this section as to their validity, the exploratory focus of this research does not mandate this approach. The goal of the research is to gather information for further research. The instrument analyzing suicide factors looks at suicide from multi-dimensional viewpoints.

Sampling

The sample used in this study was drawn initially from gay and lesbian students at a California college campus. The initial sample was then expanded through the use of snowball sampling. A cohort of homosexuals between the ages of 18 to 30 was chosen. This cohort best reflects an optimum mix between being close enough in age to convey affective details of childhood events, along with sufficient maturity to provide reflective insight and objectivity.

Snowball sampling was chosen due to the nature of the population being studied. Due to the social stigma of homosexuality, it is typically not possible to sample this cohort as easily as members of non-stigmatized groups. "The term snowball refers to the process of accumulation as each located subject suggests other subjects." The procedure is often criticized for producing samples with questionable representativeness. For these reasons, the technique is generally limited to exploratory studies such as this, where representation is not a primary aim (Babbie, 1989)."

The total number of respondents was difficult to forecast initially, due to the sampling methodology used in the study. The scope of the project limited responses to 30 completed surveys; however, it is hoped that future studies will use systematic sampling techniques along with larger size samples.

Data Collection and Instruments

Unlike other standardized testing (e.g., MMPI, IQ, etc.), suicide does not have a universally accepted instrument for this context. Due to the exploratory focus, the concentration is not on testing instrument validity, but rather on creatively finding variables that have not been studied, or studied sufficiently.

The research is not directed toward accurate measurements, but rather trends and directions. If this project reveals indicators not viewed in the subject's body of knowledge, additional studies may address accuracy. It would be in these studies that validity would play a greater role.

Although causal data is the ultimate aim of this type of research, the scope of this project is aimed solely at direction. The measurement devices used are frequency distribution tables broken down into percentages and listings of tests for linear correlation using Pearson's Product Moment .

As the discipline of social work holds social influences as a key precept, this section is looked at in terms of the bio-psycho-social model. It measures five constructs of independent variables consisting of demographic data, family influences, influences of peers and the community. The dependent variable being addressed in this study is the suicide attempts of homosexual youth.

Due to the exploratory nature of the research questions, the experimental design was deemed as unsuitable. Due to cross-sectional studies being able to accommodate exploratory goals, an exploratory cross-sectional study was selected.

The purpose of an exploratory study is typically done when researchers are examining a new interest, when the subject of study is relatively new and unstudied, or when the researchers seek to test the feasibility of undertaking a more in-depth study. The methodology is also used to develop methods for a more careful study (Rubin and Babbie, 1993). "The exploratory study may not give you a conclusive answer, but it can at the very least point you in the right direction" (Rubin and Babbie, 1993).

The data gathering method selected was that of survey research, using a new instrument to measure responses to the variables studied. The units of analysis are the individuals responses. A survey is appropriate for this measurement, as it is the method chiefly used to collect data from individual respondents.

The topics of homosexuality and suicide attempts are both sensitive issues for many people. Due to the scope of the project, it was reasoned the respondents would probably answer more accurately and candidly in private, than by using methods that would involve others. Again, owing to the scope of the project, this technique ameliorated potential criticisms that the responses were biased owing to inter-personal influences in conducting the examinations.

Owing to these factors, the respondents were surveyed through a self-administered questionnaire. Here, they were able to complete the questionnaire privately, with respect to their anonymity. The method also allowed participants to answer open-ended questionnaire data in the cloister of privacy.

In soliciting, selecting, and interviewing participants; the researchers intentionally focused on the strengths of the participants. It was the goal of the study to discover what effective strategies are helpful in this area of interest, so that this information can be disseminated to those interested in the subject of childhood homosexual suicide attempts. The questionnaire format can be found in Appendix A.

Due to the samples being in a centralized area, the questionnaires were hand delivered. In the school setting, and with the permission of the advisor, the survey was distributed during selected classes. The participants were able to return the survey without having to exchange information with classmates. For all participants, the researchers asked the professor and the advisor for a few minutes to explain the survey, and furnished contact information if they have other issues or questions about the survey. The hand delivery method was time consuming;

however, the completion rate was deemed higher than if the surveys were mailed.

The questionnaires were developed with the assistance and feedback of professionals in the area of homosexual suicide attempts, to verify the face validity of the instrument. Feedback was also sought from pre-testing of potential participants addressing the clarity of the questions and the vocabulary used to ensure that it was comprehensible to the target population. The instruments utilized dichotomous variables, with provisions for open-ended responses to all questions.

The limitations of this instrument are the general weaknesses of survey research. The instrument is subject to semantic connotations. It is subject to people not accurately reporting what they honestly feel. Survey instruments are also inflexible, in that after the researchers become enmeshed in the environment of the questions, they may realize the questions are indeed ineffective. Pre-testing in conjunction with expert assistance in designing the questionnaires were deemed to be the most effective means of ameliorating, or at least minimizing these inherent weaknesses.

Having addressed the weaknesses of survey research, the strengths were obviously felt to eclipse these potential

shortcomings. The anonymity provided through the instrument was felt to be of considerable value for this population. The snowball sampling technique is also believed to be able to produce greater numbers of respondents and completed responses, than in-depth interviews would allow.

The data was gathered over a six week period, during January and February 1997. The questionnaires were distributed and collected by the researchers conducting the study.

DATA ANALYSIS

The study used quantitative data in an exploratory format to measure responses to the research question. The research question was, "What correlational factors provide the greatest insight for interventions, to social work practitioners working with children and adolescents at risk of suicide, due to sexual identity issues?"

The Survey instruments was devised measuring ecological factors within five constructs. Each construct measured three variables reasoned to be good general indicators of the concept being analyzed. For example the first construct measured substance abuse through two variables: 1. current abuse of alcohol and drugs. 2. Drug abuse in childhood or adolescence.

The findings were then cross arrayed variable by variable. Pearson's Product Moment Coefficient was used to produce a measure of linear correlation corresponding to a absolute positive correlation at a positive one, absolute negative corelation at negative one, and absolute zero used as the measure of no corelation.

RESULTS

After the data was analyzed for linear correlation, variable by variable, the results were ordered by the highest positive correlation to lowest positive correlation. Data showing negative correlation were ordered in terms of highest absolute values to lowest absolute negative value. The data was then collapsed into dichotomous categories such as, "ever having used drugs in childhood or early adulthood."

After the categories were collapsed, new patterns began to emerge. The new patterns reflected trends in accordance with what was originally presupposed in terms of linear relationship. In addition, the relationships also held true to additional assumptions in terms of negative or positive directions. See table 2, for initial results, illustrating the highest to the lowest measures.

Table 1.

Demographic Information of Sample Population (Collapsed)		
Survey Question	Breakdown	Frequency
Gender	Males	19
	Females	11
Age at time abuse	birth-9	15
	10-18	15
Ethnicity	White	13
	Non-White	17
Socio-economic Status	Lower	14
	Middle & Upper	16

Table 2.

Highest Positive Correlations		
Survey Question I	Survey Question II	Pearsons Product Moment Coefficient
Currently drink or use illegal drugs	Drank or used drugs in childhood?	.67
Gender: males	Did you attempt suicide as a child	.52
Practiced religion as a child	Did you have a supportive adult	.49
Were you a victim of child abuse	Did you attempt suicide as an adult	.44
Socio-economic status as a child	Gender: males	.31
Childhood abuse victim	Gender: males	.31
Identified childhood sexual orientation	Childhood suicide attempts	.31
Socio-economic status as a child	Childhood abuse victim	.31
Childhood abuse victim	Childhood suicide attempts	.29
Gender: males	Practiced religion as a child	.29

As can be observed, the highest correlation was observed independent of childhood suicide attempts. Respondents who drink now, were highly correlated to having developed drinking problems in their youth. In looking at other factors in both of these categories no other positive correlations were found.

The next category revealed compelling support for correlations between gender and childhood suicide attempts. The third highest positive correlation was observed between "practicing religion" and "supportive adult" (.49). The fourth category, revealed strong correlation between being a child abuse victim, and attempting suicide as an adult (.44).

Table 3 -

Highest Negative Correlations		
Survey Question I	Survey Question II	Pearsons Product Moment Coefficient
Childhood abuse victim	Age at time of abuse	.62
Currently drink or use illegal drugs	Childhood suicide attempts	.50
Age at time of abuse	Social economic status as a child	.48
Supportive adult	Childhood sexual orientation	.38
Currently drink or use illegal drugs	Socio-economic status as a child	.36
Drank or used drugs in childhood?	Did you attempt suicide as an adult	.33
Did you attempt suicide as an adult	Age at time of abuse	.31
Supportive Adult	Childhood abuse victim	.31
Supportive Adult	Childhood suicide attempts	.31

The highest negative correlation was observed between age and being a victim of childhood sexual abuse. The second highest relationship was observed between current users of alcohol and illegal drugs, and childhood suicide attempts. Age was correlated with socio-economic status as a child. Having a supportive adult as a child was negatively correlated with disclosing childhood sexual orientation.

DISCUSSION

The most interesting observations were made in looking at multiple factors. In looking at positive correlations in childhood suicide attempts; the highest positive correlations were observed in gender, having been a child abuse victim, and identified sexual orientation. The highest negative correlations were observed in the categories of current substance abuse and having had a supportive adult available.

These findings in conjunction with the other variables provided interesting points for further study. The reader is again reminded that this is exploratory research, and no definitive conclusions can be reached. At the same time, the data does coincide with previous findings in most categories, to lend support to replicability.

The first area is explored here is gender. This study shows a high correlation with previous studys evidencing that gender plays a role in greater numbers of males attempting suicide, and males succeeding in their attempts. What is interesting is that gender was also found to correlate positively with religion; high numbers of females reported having been active in religion. Religion also correlated highly with having had a supportive adult in their lives.

A confounding variable was observed in this relationship in identified sexual orientation. It appears that children with supportive adult influences were at less risk of suicide attempts than those without; however, those with identified homosexual orientations did not show significant correlations with supportive adults. One might wonder if revealing sexual orientation might interfere with developing stronger adult relationships, due to religious learnings.

Another series of correlations that posed potentially disturbing questions was in substance abuse. In this area, the highest correlation in the study was found. Adults who report current alcohol and/or drug use were found to have used drugs in childhood. In negative correlations, current drug use was second only to age of abuse. This clearly indicates that childhood suicide attempts were made more

frequently by those who did not abuse drugs or alcohol. This finding indicates that the children who abused drugs or alcohol were less likely to have attempted suicide.

IMPLICATIONS

Treatment: It is important for the child to have unconditional adult support. Table 2 shows that substance use in childhood may be seen as a mediator in suicide attempts which suggests a "self-medication" type of drinking. Substance abuse as adults for whatever reason no longer served as a "coping skill" which appeared to mediate suicide attempts.

Apparently substance abuse is not the primary problem, but child abuse issues seem to play a major role in suicide attempts. Substance abuse is just one symptom of child abuse and other familial/environmental issues. Therefore, treatment for the individual should be dually focused on abuse issues such as, self-esteem, alternative coping skills, and other substance use. In terms of societal issues, we must intervene at an earlier time in assisting in developing a strong self-emege, and providing resources focusing on parenting skills (protection and appropriate child- adult boundaries).

APPENDIX A

Demographic Data

1.) Age _____

2.) Gender F____ M____

3.) Ethnic: () Caucasian
() African American
() Asian
() Hispanic _____
() Other _____

4.) What is your religion? _____

5.) Was your family practicing a religion when you were a
child? Y____ N____

6.) Birth order _____

7.) Parent's socio-economic status during your childhood:

LOWER _____

MIDDLE _____

UPPER _____

8.) Your sexuality now:

Heterosexual _____

Homosexual _____

Bisexual _____

9.) Have you ever attempted suicide as an adult?

Y____ N____

Age of attempt (S)

24. 10.) Number of sibling(s): Male _____ Female _____

11.) Did you ever attempt suicide as a child?

Y___ N___

If yes, what age(s)_____

DRUGS

12.) Do you drink now? Y___ N___

13.) Do you use illegal drugs? Y___ N___

14.) Did you drink in childhood or adolescence? Y___ N___

15.) Did you use illegal drugs in your childhood or adolescence?

Y___ N___

CHILD ABUSE

16.) Were you a victim of child abuse? Y___ N___

If yes check which one(s) apply to you.

Sexual abuse___ Physical abuse___

Severe neglect___ General neglect___

Emotional abuse___

SEXUAL IDENTITY AS A CHILD

17.) Please identify your sexual orientation as a child:

Heterosexual___

Homosexual___

Bisexual___

18.) Did your parents accept your sexual identity as a child?

Y____ N____

PEER RELATIONSHIPS

19.) Did your friends know that you were gay (if you self identified as a child)?

Y____ N____

EDUCATIONAL INFLUENCES

20.) Did you have problems at school due to your sexual orientation?

Y____ N____

PEER NETWORK

21.) Did you have a supportive peer group growing up?

Y____ N____

22.) Did you have a supportive adult available while you were growing up?

Y____ N____

If yes, whom_____

23.) If you answered yes to more than one of these questions: #5, #11, #13, #14, #15, please explain in the order in which each occurred.

(for example: 11,5,15,14)_____

Informed Consent

Informed Consent

The study in which you are about to participate is designed to investigate the relationship between the effect sexual identity plays on childhood suicide attempts, utilizing a questionnaire. This study is being conducted by Linda Thomas and Lary Totten, under the supervision of Dr. Marjorie Hunt, associate professor of social work at CSUSB. The study has been approved by the institutional Review Board of California State University, San Bernardino.

Please be assured that any information you provide will be held in strict confidence by the researchers. Because names are not used on the questionnaire, there is no way to identify completed questionnaires with the person responding. Consequently, all responses are anonymous, and will be destroyed upon completion of the research. Your signed informed consent will be immediately removed from your answer sheet, so that the researchers will not be able to identify completed questionnaires by name. At the conclusion of this study (June 1997), you may receive a report of the results by contacting Dr. Hunt at (909)-880-5501.

Please understand that your participation in this research is totally voluntary, and you are free to withdraw at any time during this study without penalty.

I acknowledge that I have been informed of, and understand, the nature and purpose of this study, and freely consent to participate. I acknowledge that I am at least 18 years of age.

Participant _____

Date _____

Researcher _____

Date _____

Debriefing Statement

Debriefing Statement

The study you have participated in was designed to gain some understanding of the effects that sexual identity plays on childhood suicide attempts. The research data was all collected through the utilization of administered questionnaires, and all data collected will be kept confidential. The research objective was to gain a better understanding of the relationship between the variables, not establish a judgement of appropriate or inappropriate methods of human behavior. If you have any questions or concerns regarding the research, please contact students, Linda Thomas or Lary Totten through the CSUSB Social Work office: phone no. (909) 880-5501. Or, if you wish to discuss any emotional stress that you might experience from participation in this research, you may contact the above, or contact Craig Henderson at the CSUSB Counseling Center, (909) 880-5000.

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